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SEXUALLY TRANSMITTED INFECTION IN PATIENTS WITH PSYCHIATRIC DISORDERS IN AN AMAZONIAN METROPOLIS

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ABSTRACT

The present study aimed to determine the prevalence of HIV/AIDS virus infection in patients with psychiatric disorders in reference service in mental health care, to characterize them sociodemographically and identifying the main psychiatric diagnoses and comorbidities. The data were obtained through a study in medical records of hospitalized patients in the period from 2012 to 2014. From the universe of 823 patients, 7 were selected according to the inclusion and exclusion criteria, obtaining a prevalence of 0.8%. The sample consisted mainly of women, ranging in age from 31 to 40 years old, from the metropolitan area of Belém-PA. The psychiatric disorder more evident was bipolar disorder and the most common comorbidity was drug abuse, making possible the elaboration of a technical note regarding its aspects. The study reinforces the importance of measures on social determinants and the potential of the Psychosocial Attention Network as a space for education and debate to strengthening of these people as protagonists.

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INTRODUCTION

The spread of HIV (Human Immuno deficiency Virus) since 1980 has brought great challenges to public health in the world, the Acquired Immuno deficiency Syndrome (AIDS) (Christo, 2010). AIDS has been gaining strength as an object of interest among mental health professionals for two reasons: the tropism of HIV for the central nervous system (CNS) and the psychological consequences of both the diagnosis and the evolution of the infection in affected individuals (Ikarimoto; Gonçalves, 2014). HIV/AIDS stands out among infectious diseases, because in addition to being a major public health problem, including expenses for treatment and hospitalizations, it still emerges due to challenges to be overcome, such as prevention,

awareness and accessibility to treatment, in parallel to the challenges of human rights, such as stigma, in which it has repercussions in various spheres of life for people with HIV and AIDS, standing out as one of the greatest grievances to be overcome (Camargo et al., 2014). The occurrence of some psychic disorders is more frequent in people living with HIV (PL HIV) than in the general population. Among the possibilities that could explain are: people with mental disorders are more vulnerable to exposure to HIV and HIV infection or AIDS contribute to the emergence or triggering of psychic problems (Brasil, 2018). A study by Reis et al. (2011) investigated depression symptoms and quality of life in PL HIV, carried out with 228 people in a city in São Paulo, during the years 2007 and 2008, and showed that 63 (27.6%) individuals had symptoms of depression, of these 13 (5.7%) with mild symptoms, 29 (12.7%) moderate and 21 (9.2%)

severe. Nogueira *et al.* (2016) analyzed the association between illness perception and anxiety, depression and self-efficacy in PL HIV. The study carried out with 28 PL HIV obtained data that almost half of the participants had scores indicative of anxiety (46.4%) or depression (46.4%) and also inferred a statistically significant positive correlation between perception of illness and anxiety and depression. Therefore, he understood that the greater the perception of threat posed by HIV/AIDS, the greater the frequency of symptoms of anxiety or depression. Among other factors, the importance of measures for the specific group of psychiatric disorders (PD) in PL HIV stands out, as this combination can harm adherence to antiretroviral treatment (ART) and increase the risk of HIV transmission. Individuals with depression, generalized anxiety, panic and other anxiety disorders, in addition to psychotic syndromes, have a greater chance of non-adherence to treatment when compared to those with other PDs (Brasil, 2018). When compared with individuals who do not have psychiatric disorders, those with anxiety disorder showed greater susceptibility to sexually transmitted infections (Carvalho *et al.* 2004).

Among the causes that contribute to the development of psychic disorders are: the direct effects of the HIV virus; opportunistic manifestations that attack the central nervous system (CNS); the chronicity and severity of the disease itself; adverse treatment events and social and affective limitations (Brasil, 2018). In Brazil, there are still few studies that address HIV in users of psychiatric services, with many gaps, which impairs the health care that should be provided to this clientele. In the scenario of redemocratization and struggle against dictatorship, relating the specific struggle for human rights for victims of psychiatric violence with the violence of the autocratic state, which constituted the most important social actor in the PR process (Nunes; Amarante, 2018). Thus, with the Multiprofessional Residency in Mental Health in the largest hospital for care of patients with psychiatric disorders in the north of Brazil, it is considered important to improve all the learning offered to bring to the discussion this important association of illness in the physiological-mental sphere, for this is a gap not only in the regional context, but also to contribute to other cases in the country. Thus, the objective of this study was to determine the prevalence of HIV/AIDS infection in patients with psychiatric disorders at a referral service in northern Brazil, Belém-PA.

MATERIALS AND METHODS

This is a descriptive, exploratory, cross-sectional and retrospective study, which was carried out in a single center, in which data collection was carried out without the need for evolutionary follow-up, and based on analysis of medical records. The study was carried out in the city of Belém (01° 28' 03"S, 48° 29' 18"W), capital of the State of Pará, with an estimated population of 1,485,732 inhabitants in 2018 (IBGE, 2020). Data were obtained from the Medical Archive Service (SAME), of the FPEHCGV, based on the analysis of the medical records of the clients treated at the hospital's psychiatric service, both in EP and in SIB, from 2012 to 2014. In the psychiatry of the FPEHCGV, the two areas, EP and SIB work in a complementary way. The PE is the gateway for clients, who are referred to the SIB, when the psychiatrist sees the need to extend the time of stay of the client, in coping with the crisis. Therefore, necessarily, all customers who are in the SIB, needed to have previously passed through the EP. Data were obtained from the analysis of medical records available at the time of data collection carried out in SAME. Taking into account that some clients were served more than once in the same year, after a careful analysis it was found that in 2012 there were 340 clients assisted, 308 in 2013 and 254 in 2014, totaling 902 clients, and among these, the portion that has the diagnosis of HIV/AIDS. The information was obtained from physical handwritten records on networks in SAME, being unique for each client, and may contain more than one volume. In this study, 1626 volumes of medical records from the years 2012 to 2014 were manually reviewed.

All the medical records of clients treated at the EP and SIB service between the years 2012 and 2014 were gathered ages. The medical records of clients attended between 2012 and 2014 who did not self-declare as having the HIV/AIDS virus, who had incomplete, illegible and erased data were excluded. Some medical records were excluded for other reasons, such as: deaths, microfilming, losses and people withdrawn from teaching. The data obtained from the universe of selected medical records were stored in a database in the Excel program. Descriptive analysis was chosen for a better interpretation of the data, given the limitation of the number of records selected for the study. The research was carried out within all the criteria and ethical precepts according to the Research Ethics Committee (CEP) of the local institution, under opinion: 68131917.7.0000.0016. The State Public Foundation Hospital de Clínicas Gaspar Vianna (FPEHCGV), is headquartered in the city of Belém, Pará. This foundation is a state reference in psychiatry, cardiology, nephrology and obstetrics, has 30 beds in a short-term psychiatric clinic (SIB) 30 beds in psychiatric emergency (PS). It is the only gateway institution in the state for psychiatric hospitalization through the Unified Health System (SUS).

RESULTS

In the 3-year period of the study, the universe of hospitalizations was 823, and of these, 7 (0.8%) were clients with HIV/AIDS. HIV infection was more present in the female group (71.2%) than in the male group (28.5%). The age of the sample ranged between 31 and 54 years old, the majority of which are between the age group from 31 to 40 years old (71.3%), followed by the age groups from 41 to 50 and 51 to 60 (14, two%). As for marital status, the most common was single (85.6%), followed by consensual union (14.2%). As for the level of education, 42.8% of the clients have incomplete elementary education, and the rest of the sample was equally divided: illiterate/semi-literate, incomplete high school, complete high school, incomplete high school, with 14.2% each. Of the participants, 57% receive one to two salaries, followed by 28.5% who have no income and 14.2% who receive three to four salaries. In relation to origin, 85.6% are from the metropolitan region of Belém, followed by 14.2% who are from the interior of Pará. Live 2% with a partner and children. In the sample, 42.7% declared themselves to be white, black, and brown, corresponding to 28.5% each. Regarding religion, 71.3% said they were evangelical, while 28.4% were Catholic (Table 1). Taking into account the International Classification of Diseases (ICD-10), unspecified non-organic psychosis (F29) was the most commonly used diagnosis in admissions, 71.4% among clients with HIV/AIDS. At discharge, the most common diagnoses were: bipolar affective disorder (F31) with (n=1); mental and behavioral disorders due to the use of multiple drugs and the use of other psychoactive substances (F19) with (n=1); and other mental disorders due to brain injury and dysfunction and physical illness (F06) (n=1).

Also at the time of discharge, there was also the presence of some derivations of the aforementioned diagnoses, such as bipolar affective disorder with current manic episode (F31.2) (n=1), mental and behavioral disorders due to the use of multiple drugs and use of other psychoactive substances, current manic episode (F19.5) (n=1), in addition to F29 itself (n=2). It was possible to identify the length of stay in days during the last hospitalization of these clients, which ranged from 5 to 44 days, obtaining an average length of stay of 18.8 (Table 2). It was possible to visualize the relationship that exists between the performance of treatment by clients for PD and for HIV/AIDS, and their knowledge about the time of living with the respective diseases, as shown in (Table 3). Regarding the relationship between the research participants' knowledge of the time of living with the PD and the completion of the treatment for the PD, more than half are unaware of the time of living with the PD, 57% and among these the adherence to the treatment for PD corresponded to its half 50%. Regarding the knowledge of the time of living with HIV/AIDS and adherence to the treatment for PD, almost all participants know the time of living with HIV, 85.6% and among them, half 50% undergo treatment for the TP. When comparing the knowledge of living with the PD and adherence to ART, it was noted

Table 1. Sociodemographic aspects of clients hospitalized with psychiatric disorder and HIV/AIDS, at FPEHCGV*, between 2012-2014, Belém-PA

Variables	Female		Male	
	n	%	n	%
Age				
<30	-	-	-	-
31 a 40	3	42,8	2	28,5
41 a 50	1	14,2	-	-
51 a 60	1	14,2	-	-
>60	-	-	-	-
Marital status				
Single	4	57,1	2	28,5
Consensual Unio	1	14,2	-	-
Instruction				
illiterate/semi	1	14,2	-	-
incomplete 1st grade	2	28,5	1	14,2
incomplete high school	-	-	1	14,2
2nd grade complete	1	14,2	-	-
incomplete 3rd grade	1	14,2	-	-
>3rd degree complete	-	-	-	-
Income/Salary				
No income	1	14,2	1	14,2
From 1 to 2 salaries	3	42,8	1	14,2
From 3 to 5 salaries	1	14,2	-	-
> 5 salaries	-	-	-	-
Provenance				
Belém metropolitan region	4	57,1	2	28,5
Interior of the state of Pará	1	14,2	-	-
Family situation/living				
Companion and children	1	14,2	-	-
Relatives without a partner	3	42,8	1	14,2
Other people without ties	-	-	-	-
Live alone	1	14,2	1	14,2
Race/color				
White	1	14,2	2	28,5
Black	2	28,5	-	-
Brown	2	28,5	-	-
Religion				
Catholic	1	14,2	1	14,2
Evangelical	4	57,1	1	14,2
Others	-	-	-	-
Total	5	71,2	2	28,5

Source: Research protocol.

Table 2. PT diagnoses*, according to ICD-10, in patients with HIV/AIDS***, hospitalized at FPEHCGV****, between 2012-2014, Belém-PA**

	Diagnosis of admission	Diagnosis of discharge	Hospitalization in days
Protocol			
1	F31	F31	19
2	F29	F19.5	14
3	F29	F29	13
4	F06	F06	5
5	F29	F29	44
6	F29	F31.2	21
7	F29+F19	F19	16
Total		7	

Source: Research protocol.

Table 3. Knowledge, identification and understanding of patients with PD* and HIV/AIDS infection, regarding the time of living and treatment of diseases, at FPEHCGV***, between 2012 -2014, Belém-PA**

Variables	Time spent with PT*				Time of living with HIV**			
	know		don't know		know		don't know	
	N	%	N	%	N	%	N	%
Treatment of PT*								
Yes	2	28,5	2	28,5	3	42,8	1	14,2
No	1	14,2	-	-	1	14,2	-	-
Unaware	-	-	2	28,5	2	28,5	-	-
TOTAL	3		4		6		1	
Use of ART****								
Yes	3	42,8	3	42,8	5	71,4	1	14,2
No	-	-	1	14,2	1	14,2	-	-
Unaware	-	-	-	-	-	-	-	-
TOTAL	3		4		6		1	

Source: Research protocol.

that of the 57% who do not know precisely the time of living with the PD, of these 70% are on ART. Finally, it was identified that of the 85.6% who know about the time of living with HIV/AIDS, 83.3% use ART (Table 3). Data were obtained regarding other associated comorbidities, such as drug abuse (57.1%), followed by tuberculosis, syphilis and toxoplasmosis (28.5%) (Table 4). From the data collected, it was possible to prepare a technical note about the aspects of clients with psychiatric disorders and HIV/AIDS seropositive at FEHCGV, making it available to managers and professionals in the health care network.

Tabela 4. Comorbidities found in patients with PD* with HIV/AIDS, at FPEHCGV***, between 2012-2014, Belém-PA**

Comorbidities	N	%
Alcoholism	1	14,2
Smoking	1	14,2
Tuberculosis	2	28,5
Drug abuse	4	57,1
Hepatitis B	1	14,2
Syphilis	2	28,5
Filariasis	1	14,2
Vulvar cancer	1	14,2
Arterial hypertension	1	14,2
Toxoplasmosis	2	28,5
Traumatic brain injury	1	14,2

Source: Research protocol.

DISCUSSION

The psychiatric sector of the institution has a high turn over of people assisted, as its main objective is to remove clients from the crisis they are in and return them to RAPS. The RAPS aims to expand access to psychosocial care for the population as a whole, based on the promotion of bonds between people with PD and with needs arising from the use of crack, alcohol and other drugs and their families to the points of care and the guarantee of the articulation and integration of these points within the health networks in the territory, qualifying care through reception, continuous monitoring and attention to emergencies (Brasil, 2011). According to the findings, the infection rates in this population were 0.8% for HIV, higher than the national estimates for the adult population, which is 0.6% (Assunção *et al.*, 2017). The prevalence of HIV/AIDS among clients with PD found in this study is in accordance with a survey carried out by the National STD/AIDS Program, in collaboration with the National Coordination Of Mental Health and the Federal University of Minas Gerais, entitled Projeto Pessoas (Pesquisa on AIDS Seroprevalence in Mental Health), carried out in 11 public psychiatric hospitals and 15 outpatient mental public health clinics (CAPS), with a sample of 2,475 patients (Mann; Monteiro, 2018). It was the first Brazilian multicenter study on the seroprevalence of HIV infection, syphilis, hepatitis B and C in the population of users of mental health services. The study that took place between 2006 and 2007 involved people hospitalized in public psychiatric hospitals and users of substitutive services, such as CAPS 1, from all regions of the country.

The socio-epidemiological profile of clients with PD with HIV/AIDS reinforces the need for policies focused on social determinants, evidenced, above all, in factors such as education and income, which in this sample was well below levels considered satisfactory. The population in question in this research is composed mostly of women, aged between 31 and 40 years old, single, black and brown and evangelical, with incomplete elementary school and income ranging between one and two salaries, coming from the metropolitan region of Belém, whose family situation in which they live is with family members and without partners. The prevalence of HIV among clients with PD analyzed was mostly female. If, at the beginning of the epidemic, the HIV-positive profile was attributed almost exclusively to men who had sex with men (MSM), today, it is already known that HIV is not limited to this group. Despite a downward trend in the detection rate of the virus in the female population in recent years, a

reduction of 19.6% between 2006 and 2015, a positive drop, the numbers from the Ministry of Health are still alarming, because between the years of In 2007 and 2016, 44,766 new cases of HIV were reported in women. Of these, 96.4%, aged 13 years or older, had heterosexual exposure to the virus (Loureço *et al.*, 2018). A recent study by Andrade *et al.* (2015) carried out in Mozambique, with a qualitative approach, on the stigma and discrimination that these women suffer in poor neighborhoods of Maputo, showed that the majority of single women had lost their husbands to AIDS or were abandoned after the positive diagnosis. for HIV, aged between 28 and 55 years, with a low level of education, whose activities were limited to agricultural activities, informal commerce and domestic work, with an income that did not exceed the minimum wage. Characteristics similar to those found in this research. It is possible to notice that there is a great vulnerability among women who are HIV positive, both in the international context and in Brazil. These weaknesses permeate social environments, above all, issues related to HIV stigma are more acute when associated with PD, and in this study it is worth emphasizing the importance of policies on women's health, and that these can emphasize issues that are not limited to reproductive issues, and yes sexual as a whole.

Women with PD and HIV/AIDS need to find professionals who know how to deal with their needs. Cecon *et al.* (2014) analyzed the relationship between gender violence and suicidal ideation in women with HIV in a universe of 161 women, revealing that eighty 82 women with HIV reported suicidal ideation (50.0%), 78 (95.0%) who had experienced gender-based violence. The study was able to statistically show that age at first intercourse less than 15 years old, greater number of children, poverty, longer life with HIV and presence of violence are associated with suicidal ideation. Furthermore, it inferred that women who suffered gender violence had a 5.7 times greater risk of suicidal ideation. A summary of the literature review, regarding the prevalence of STIs and risk behaviors in psychiatric patients, was able to describe this population is sexually active and that most of them present high rates of risk behaviors, where adult and sexually active individuals with diseases chronic mental illness do not use condoms frequently. And it brought data about the use of psychoactive substances, alcohol and other drugs, which is especially prevalent among people with chronic mental disorders (Brasil 2008). Other review studies indicated that, among patients with a chronic psychiatric disorder, women, young people and those who were never married, or who were separated or widowed, in general Hispanics or blacks, had the potential for greater risk of HIV infection and other STIs. The most common risk factor for HIV infection and hepatitis B and C in this population was injecting drug use, when compared to the general population (Brasil 2008).

Although psychiatric diagnoses, by themselves, are not associated with risky sexual behavior, the presence of psychiatric symptoms seems to be predictive of higher rates of risky sexual behavior when compared to psychiatric diagnoses in several studies. Among the issues of social determinants, it is clear that education is lacking, and it is understood that the difficulties that people with PD have to enter, remain and complete their studies are partly related to factors of the disease itself. The RAPS has the role of reinserting this individual at the territorial level, however, it comes up against their difficulties to perform their role, whether due to structural issues, management, difficulty of integration and communication between services. Sanches *et al.* (2011) state that the social representations of the families of students diagnosed with Mental Disorder, given the perspective of inclusion in the common class of the school system and enrolled in a Special Education Program, are not very hopeful. For mothers, education and health professionals distance themselves from the proposals of Inclusive Education and leave something to be desired in terms of intersectoral discussions and the complementarity of actions that allow the student to have the right to have their existence-suffering reduced and extended to those of a similar nature. inclusive socials. Among the women participating in the research, it was noted the predominance of black and brown color and origin from the metropolitan region of Belém, which may be associated with

the region where the FPEHCGV is located. The black and brown color are characteristics of the Amazonians, and the origin of the metropolitan region of Belém, due to the fact that it is a reference institution in psychiatry and because it is located in the capital Belém. Bertoni *et al.* (2010) in São José-SC, investigated the demographic and socioeconomic profile of HIV/AIDS patients at the STD/AIDS outpatient clinic, with 85 participants, and showed that in terms of age range, it was found that between 41 to 50 years old, followed by those between 31 and 40 years old, and regarding marital status, most were single or did not live with a partner, similar to what was found in this study. It is known that PDs are primarily diagnosed based on a careful assessment of the behavior and experiences of each individual, grouping clients into diagnostic categories in order to enable prognoses and proper treatment (Prates; Kunz, 2016). At the time of discharge, we were faced with bipolar affective disorder - BAD (F31), and bipolar affective disorder with current manic episode (F31.2). BAD is called a mood disorder, which is characterized by affective changes that persist for weeks or months (Bin *et al.*, 2014). During the depressive phase, the individual may feel unwell, restless, with thoughts such as guilt or even suicidal behavior. In the manic phase, the person goes through a state of euphoria, in addition to mood, it also affects sleep, cognition and psychomotricity. The client has his critical judgment impaired, both in relation to the disease and the reality (Mazzaia; Souza, 2017). The euphoric phase brings with it a range of risks, because with impaired critical judgment, clients are not always able to perceive behaviors with potential future harm, including sex without a condom. The most common comorbidities among study participants are drug abuse. Patients with schizophrenia, bipolar affective disorder, depression, anxiety, antisocial personality disorder, among others, have high proportions of other psychiatric comorbidities related to substance abuse or dependence, and this occurrence can vary from 25% to 65% (Assunção *et al.*, 2017).

CONCLUSION

This study showed that the prevalence of HIV/AIDS among clients with PD at FPEHCGV was 0.8%, equal to the rate found in a multicenter study carried out in Brazil. The sociodemographic data of the population in question traced a profile mostly composed of women, who are comprised in the age group that varies from 31 to 40 years old, single, with incomplete elementary school, and income that varied between one and two salaries, coming from the metropolitan region. from Belém-PA, who live with their families without companions, black and brown, and evangelical religion. As for the psychiatric diagnoses of HIV/AIDS carriers, it was found that during admission the first medical impression is not accurate, this is probably due to the fact that the psychiatric diagnosis is made, above all, from the behavioral observation of the clients. The records showed how fragile it is to deal with the morbidities in question when they are associated. There are reports, for example, of having sex among PL HIV within the clinic itself. This situation would be much simpler to be managed in other clinics, but this type of exacerbation is sometimes associated with the PD itself. Therefore, it is of great importance to propose coping strategies in view of the profile found and behaviors that can cause even greater damage to these clients.

REFERENCES

- Amarante P, Nunes MO. 2018. A reforma psiquiátrica no SUS e a luta por uma sociedade sem manicômios. *Cien. & Saúde Col.* 23, pp. 2067-2074.
- Andrade RG, Iriart JAB. 2015. Estigma e discriminação: experiências de mulheres HIV positivo nos bairros populares de Maputo, Moçambique. *Cad. Saúde Pública.* 31, pp. 565-574.
- Assunção AA, Lima EP, Guimarães MDC. 2017. Transtornos mentais e inserção no mercado de trabalho no Brasil: um estudo multicêntrico nacional. *Cad. de Saúde Pública.* 33, pp. 00166815.
- Bertoni Rochele F, Bunn K, Silva J da, Traebert J. 2010. Perfil demográfico e socioeconômico dos portadores de HIV/AIDS do Ambulatório de Controle de DST/AIDS de São José, SC. *ACM.* 39, pp.4.
- Bin LCP, Campos LKS, Santos Junior A, Turato ER. 2014. Significados dos episódios maníacos para pacientes com transtorno bipolar em remissão: Um estudo qualitativo. *J Bras Psiquiatr.* 63, pp. 142-8.
- BRASIL. Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de DST, AIDS e Hepatites Virais, Programa Nacional de DST e AIDS. *Prevenção e atenção às IST/AIDS na saúde mental no Brasil: análises, desafios e perspectivas.* Brasília- DF, 2008.
- BRASIL. Ministério da Saúde. *Secretaria de Vigilância em Saúde.* Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais. *Protocolo clínico e diretrizes terapêuticas para manejo da infecção pelo hiv em adultos.* Brasília- DF, 2018.
- BRASIL. Portaria GM 3.088 de 23 de dezembro de 2011.
- Camargo LA, Capitão CG, Filipe EMV. 2014. *Saúde mental, suporte familiar e adesão ao tratamento: associações no contexto HIV/Aids.* Psico-USF. 19, pp. 221-232.
- Carvalho CML, Braga VAB, Galvão MTG. 2004. *AIDS e saúde mental: revisão bibliográfica.* DST – *J bras Doenças Sex Transm.* 16, pp. 50-55.
- Ceccon RF, Meneghel SN, Hirakata VN. 2014. Mulheres com HIV: violência de gênero e ideação suicida. *Rev. Saúde Pública.* 48, pp. 758-765.
- Christo PP. 2010. Alterações cognitivas na infecção pelo HIV e Aids. *Rev. Assoc. Med. Bras.* 56, pp. 242-247.
- IBGE- Instituto brasileiro de geografia e estatística. *Estimativa populacional 2018, Brasília- DF, 2020.* Disponível em: <https://www.ibge.gov.br/cidades-e-estados/pa/belem.html?>
- Ikarimoto BM, Gonçalves M. 2014. Transtornos psiquiátricos em pacientes portadores do HIV e AIDS. *Psyc. on line Brasil.* 19, pp. 5.
- Lourenço GO, Amazonas MCL, Lima RDM. 2018. Nem santa, nem puta, apenas mulher: a feminização do HIV/aids e a experiência de soropositividade. *Sex., Salud Soc.* 30, pp. 262-281.
- Mann CG, Monteiro S. 2018. Sexualidade e prevenção das IST/aids no cuidado em saúde mental: o olhar e a prática de profissionais no Município do Rio de Janeiro, Brasil. *Cad. de Saúde Pública.* 34, pp.00081217.
- Mazzaia MC, Souza MA. 2017. Adesão ao tratamento no transtorno afetivo bipolar – percepção do usuário e do profissional de saúde. *Rev. Port. de Enf. de Saúde Mental.* 37, pp. 34-42.
- Nogueira GS, Seidl EMF. 2016. Associação entre percepção de doença e ansiedade, depressão e autoeficácia em pessoas com HIV/Aids. *Temas psicol.* 24, pp. 595-608.
- Prates A, Kunz M. 2016. Fenomenologia e diagnóstico do transtorno bipolar. In: Kapczinski F, coordenador. *Transtorno bipolar - teoria e clínica.* 2. ed. Porto Alegre: Artmed.
- Reis RK, Haas VJ, Santos CB dos, Teles AS, Galvão MTG, Gir E. 2011. Sintomas de Depressão e Qualidade de Vida de Pessoas vivendo com HIV/AIDS. *Rev. Latino-Am. Enfermagem.* 19, pp. 874-881.
- Sanches ACG, Oliveira MAF de. 2011. Educação inclusiva e alunos com transtorno mental: um desafio interdisciplinar. *Psic.: Teor. e Pesq.* 27, pp. 411-418.
